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Original Communications.

REPORT OF A CASE OF CARCINOMA TREATED WITH CUNDURANGO.

By JOHN DOLE, M.D., Amherst.

THE patient, a woman 44 years of age, came under my notice in December, 1870. She reported herself as suffering greatly from hæmorrhoids, which bled freely—often profusely—at each discharge from the bowels. She also stated that for the past two years she had been troubled by a tumor of right breast, which had grown slowly, but steadily, and "of late had been the seat of constant pain."

At the time of my visit, her general condition was feeble; pulse rapid; appetite poor; the face, lips and hands blanched, and the cachexia either not well marked or obscured by the extreme pallor. Physical exploration revealed the presence of a number of hæmorrhoidal tumors and of masses of soft, velvety, vascular tissue at the lower part of rectum, which were painful to the touch, and which bled freely. No evidence of malignant disease in either rectum or vagina could be detected. The right breast was the seat of a dense, hard, inelastic tumor, almost immovable, involving the whole gland, and extending towards the right axilla with marked condensation of tissue. The apex of the tumor presented an open ulcer 2½ inches in length and an inch broad, with everted edges, covered with pale, flabby-looking granulations, which bled freely on touch, and which were the seat of a constant burning pain. The tissue in the immediate neighborhood of the ulcer was of stony hardness, and purple. The discharge was slight, but of a dark, sanious pus, and somewhat offensive. The character of the tumor was unmistakable, but extirpation, owing to the general condition of patient, the amount of tissue involved, and the condition of axillary glands, was deemed unjustifiable. In view, however, of the constant and considerable loss of blood, the operation for radical cure of hæmorrhoids was performed with complete relief—the hæmorrhage and pain never returning. The ulcer was dressed with a solution of bromide of potassium, dilute acetic acid and water which served to quiet the pain and, in great measure, to correct the fœtor. Tonics and nutritious diet were prescribed, under which the patient improved somewhat rapidly. In February she left Amherst for New York, where she came under the care of Dr. Gurdon Buck, who continued the same course of treatment. Early in May she returned to Amherst, and again came under my charge. Her condition at that time was as follows: Pallor less extreme; cachexia more plainly marked; appetite fair; tongue clean; pulse regular (96); heat of surface marked to touch; temperature 100° Fahr.; skin dry; bowels regular. The ulcer had extended 3 or 4 lines toward the axilla, and the condensation of tissue was more extensive than in the previous months. The axillary glands were involved, were hard and tender to touch. Patient complained of inability to move the right arm, and of a constant pain extending down the inner aspect, even to tips of little and ring fingers. The nipple was entirely eroded. To the outside of, and just above, the left nipple was a small nodule of cancer, of an oblong, disk-like shape, ½ × ¼ inches, the seat of paroxysms of sharp, lancinating pain. The discharge from the ulcer much as before—possibly a little more profuse. The relatives of the patient hearing of "cundurango" desired that a trial should be made of it, to which she at once consented, and a supply being obtained through the kindness and courtesy of Dr. Buck, the administration began on the 21st of May. The medicine was exhibited in the form of a decoction of the powdered root (bark and wood) twice a day—each dose representing exactly forty grains—given an hour after breakfast and supper. The ulcer was dressed with simple cerate and covered with a pledget of dry oakum. No change

was made in diet or in the anodyne (McMunn's elixir), which for some weeks had been given *pro re nata*, the dose varying from 60—110 drops *per diem*. For the first three days after the administration began no change was noticeable, except a slight amount of dryness of fauces, and a peculiar restlessness, which showed itself ½ hour after the dose was given and lasted from one to two hours. No change of temperature or pulse, though the most careful observations were made with reference to these points. On the fourth day (May 25th), the patient reported a marked diminution of pain in the nodule near left nipple, and also some improvement in right arm, the dose of opium not being increased. On the 6th day, the ulcer began to assume a perfectly healthy appearance, the edges covered with pink, healthy-looking granulations. This improvement continued until the whole surface was covered with fresh granulations, the discharge at the same time becoming freer and of a laudable character. The power of movement in the right arm increased until the patient could arrange her bedclothes with freedom. Examination from day to day showed an attempt on the part of nature towards healing the ulcerated surface. Meanwhile, the constitutional condition remained much the same. There were no general symptoms, except restlessness and profuse perspiration, which could be ascribed to the medicine. The odor of the secretions was markedly peculiar, but in other respects they were much as before; temperature and pulse unchanged. On the 2d of June, the appetite began to fail and the patient reported some lassitude—declined to get up, and reported herself as too sleepy for much exertion, but on the 3d she rallied again. The "cundurango" was continued until the 8th of June, when, owing to a sudden and marked failure of appetite, it was suspended, after an administration of seventeen days. I saw the patient for the last time on the 12th of June. The condition of the ulcer was healthy; the power of movement in right arm good; pain not very severe; appetite small; no improvement manifesting itself after the suspension of cundurango. She continued in this condition until the night of the 17th, when she was seized with a sudden, severe pain in præcordial region, extending down inner aspect of left arm. The dyspnœa and pain increased, in spite of full doses of stimulants and opiates, until the forenoon of the 17th of June, when she died—of angina pectoris. I am assured by the physician in attendance—by the nurse, and by the friends—that the improved local condition remained unimpaired until death.

The case, as above detailed, presents a striking point of coincidence between the administration of the remedy and the marked improvement in local symptoms. It may be said farther that the improvement was of the nature of the changes alleged in other cases treated by this supposed remedy for cancer—the appearance of healthy granulations; a laudable discharge; increased power of movement, and diminution of pain in the affected arm. In this case, however, there was no softening of the condensed tissue about the ulcer. The odor of the secretions was marked and peculiar, especially that of the perspiration, and such as I have never before observed, resembling that of an uncut cadaver. Every precaution was taken to avoid any mistake of confounding this odor with that of the ulcer.

On the other hand, with the exception of the restlessness mentioned as following each dose of the remedy, the constitutional symptoms were *nil*. No change in pulse, temperature or respiration was noticeable, and the dryness of the fauces was temporary, and only such as would be likely to follow the administration, in decoction, of any large amount of a bitter and somewhat astringent bark. From the exsanguined condition of the patient previous to the operation for hæmorrhoids, some improvement was to be expected from the check of hæmorrhage, and such was experienced, but the amendment had reached its culmination before the administration of the "cundurango."

CHLORAL IN CONVULSIONS.

By W. A. Harvey, M.D., Janesville, Wis.

I was called, at 8, A.M., Aug. 22d, to R., aged 2½ years, whom I found in a stupid sleep, a high fever, with a pungent, hot skin, rapid and hard pulse, and contracted pupils. The mother informed me that, four hours previous to my being called, he had a general convulsion, and had remained stupid ever since. I administered a calomel purge, which soon moved the bowels freely and well; applied cold water to the head continuously, and used other appropriate antiphlogistic means.

I learned from the mother at this visit, that the patient had received a severe fall on his head a few weeks previously. Also that a sister of his, at 11 months of age, had died of convulsions.

The stupor, fever, and pungent heat of skin continued all day, in spite of the remedies, and the convulsions up to 8, A.M. of the 22d, had been repeated three times—four in all—with increasing severity and duration. At this time I dissolved twenty grains of chloral hydrate in one ounce of syrup, and ordered one tea-spoonful every hour till the muscular twitching should cease and the sleep should become more natural.

On my next visit, Aug. 23d, 10, A.M., I found the patient in a quiet and natural sleep, skin cool, pulse down to normal standard, muscular system relaxed, and all the untoward symptoms of the previous day gone. I ordered continuance of the chloral in less frequent doses. Visited the patient at 4, P.M. Still better; is awake and conscious. At request protrudes his tongue; takes nourishment and calls for his toys. Visited the patient on the 24th. Slept well and naturally through the night; has had no spasms since he commenced taking the chloral, and is entirely free from disease. Appetite returning, and bowels natural.

This case presented all the symptoms of other cases of convulsions which I have attended, of cerebral origin and of constant fatality.

In chloral hydrate we have a valuable medicine, and one which will answer many conditions for which we have been long seeking in vain.

August 25, 1871.

Reports of Medical Societies.

LYNN MEDICAL SOCIETY. J. O. WEBSTER, M.D., SECRETARY.

May 3d, 1871.—Dr. Emerson presented a specimen of two *tape-worms*, removed from a woman by the pumpkin-seed treatment. A cupful of seeds was made into a paste and ordered to be taken, one-half in the morning and the remainder at noon, fasting, followed at night by ol. terebinth. ʒi., ol. ricini ʒi. Two entire worms were passed, unitedly measuring 22 feet. There had been impaired health and nervous derangement for two years, which were completely remedied by the removal of the entozoa.

Dr. Breed reported a case of *whooping cough* treated by atomization per formula in Journal of April 20th, 1871. A child of 2½ years had been ill three weeks, having very violent paroxysms, with epistaxis, occurring frequently day and night. After two applications, the child slept nearly all night and is now, in 13 days, almost entirely well.

Dr. Ahearne reported that he had used the *cotton and sulphur packing* recently, in a case of *acute rheumatism*, without any apparent effect. Dr. Breed reported another case in which he had used it with almost immediate relief.

Dr. Ahearne spoke of the *local use of iodine in tertiary syphilitic ulcers*. He mentioned several cases, and reported one in particular of severe and extensive syphilitic lupus, in which he applied the ethereal tincture of full strength, with an excellent result. Dr. Ahearne asked if any member had used *essence of peppermint* as a local application for *headache*. He discovered its properties by accident about a year ago, and has used it in many cases of typhoid and of nervous headache, and finds it very effective, often immediately so.

Dr. Emerson had used it for several years, and fully corroborated Dr. A.'s statements. He got the idea from a non-professional man.

Sarsaparilla in Syphilis.—Dr. Emerson reported a case of tertiary syphilis in a woman. There were large sores on the head, face and nose, hands covered with crusts, sloughing ulcer of calf extending nearly around leg. After trying various remedies, with only temporary good effect, she was finally ordered large doses of decoction of sarsaparilla and has since improved steadily and rapidly. Uses one-half pound of sarsaparilla root in a week.

Dr. Ahearne had used the comp. decoction, in six to eight ounce doses, with excellent effect.

Dr. Perley reported a case of *puerperal mania*. The woman did well after labor, with the exception of having no lochia. In about five weeks, she was attacked with mania. Chloral, in 30-grain doses, gives pretty good nights. No other medicine seems to have any effect. Her pulse varies from 90 to 120. He wished to ask a question in regard to the advisability of venesection.

Dr. Nye thought that, judging from his own experience, it was not demanded. He considered that cases of puerperal mania should always be removed to hospital, as they do much better there.

June 14.—*A case of rigidity of the os uteri in labor, from non-malignant disease of the cervix.*—Dr. Pinkham reported the

case. Labor began in the morning. First seen at about 7.30 in the evening. On making digital examination, the first thing felt was the anterior lip of the cervix, enlarged and hardened. Posterior lip was found in a similar condition; neck not obliterated; labor at full term; os dilated to the size of a cent, margins as hard as a board. Pains were strong and frequent, but dilatation was not fully effected until near morning. He gave vaginal douches of warm water and, towards the last, ten grains of chloral hydrate. The latter seemed to have a marked effect in lessening rigidity, and the labor was soon completed. Dr. Pinkham attributed the rigidity in this instance to the preëxisting hypertrophy and induration of the cervix. Probably judicious treatment during or before pregnancy would have remedied the condition. The woman was a multipara, had miscarried several years ago, and this was her first labor since. In his experience, a violent abortion is the most common cause of persistent uterine disease.

In answer to a question, Dr. P. said that "judicious treatment" would have been the daily and long-continued use of a glycerin tampon.

Dr. Pinkham also reported a *case of twins*. Weight when dressed:—No. 1, 9 lbs. 7 oz.; No. 2, 9 lbs. 6 oz. Total, 18 lbs. 13 oz. Mother of medium size, rather short. Presentations—No. 1, breech. No. 2, head. No. 2 born about 20 minutes later than No. 1.

On visiting the patient, some eight hours after labor, he found her in pain. Inquiring about her urinary function elicited the information that she had passed water freely previous to and during labor, and had no desire to micturate. Satisfying himself by digital examination that there were no clots sufficient to cause the pain, which was now excessive and constant, and finding fulness over bladder, he passed the catheter and drew off nearly 3½ quarts of clear urine, to the patient's complete relief. Here was a condition that might naturally and easily escape the attention of the physician. There being no complaint, on the part of the patient, of inability to pass water, how natural to diagnosticate excessive after-pains and give opiates instead of using the catheter. It is probable that there had been no complete evacuation of the bladder for some time previous to labor, only an overflow. The woman said she had been very uncomfortable. Dr. Perley reported a case where he was called to a woman three days after labor and found a high fever but no chills. After a good deal of questioning, he ascertained that she had sat up in bed the day before and written two letters.

Dr. Pinkham reported a case of *inflammation of bursa patellæ* in a man, a floor-layer by trade. Was first seen by Dr. Galloupe, who very properly opened the swelling and introduced a seton. When I saw him, the knee was considerably swelled, very red and tender, and there was a slight discharge of sero-pus from the opening left by the seton. Ordered complete rest and the application of ung. belladonnæ. Improvement was rapid.

Spasm of Œsophagus.—Dr. Webster reported the case. Mr. C., æt. 61, porter of a store, was attacked, May 14th, with pain in epigastrium and uncomfortable feelings along œsophagus. Rejects food when taken, and has vomited some acid matter. No fever. Tongue furred. He first saw him May 17th. Said he "felt a lump," which he located just above the cardiac orifice, and pain sometimes in the same place, sometimes in stomach. Was ordered bismuth. subnit. grs. x., every 3 hours. Oat meal gruel. May 18th.—Has taken the bismuth, but is able to keep nothing else down. Watching him attempt to eat, Dr. Webster discovered that food or drink evidently stopped at the lower part of the œsophagus and was regurgitated. Still felt the "lump" there. Also had waterbrash, bringing up a mouthful of fluid every few minutes. Was very weak, as his stomach had probably received no food for four days. A meal and mustard poultice was applied over seat of trouble in the œsophagus, after which he could swallow a teaspoonful of liquid at a time, no more. Ordered in bed, milk and lime water, *ad lib.*, and poultices *p. r. n.* Bismuthi subnit., ℈i. *ter die*. At 5.30, P.M., he had taken nearly a pint of milk; feels and appeared much better. May 19th.—Feels the "lump" in the middle of œsophagus, but the real seat of trouble appears to be the same as before. Waterbrash has ceased. Takes the milk and lime water the same, a teaspoonful at a time, but the attempt to take double the quantity is a failure. Continue same treatment. On the 20th, there was no change, but the 21st he had taken very little nourishment and was very weak. It was found, however, that he could swallow much better, and he was urged to take as much food as he could bear. May 22d.—Can now drink freely. Has taken a large amount of liquid food. Ordered to continue bismuth another day, and then to take citrate of iron and quinine for a time. His

recovery appears to be complete. Dr. W. learned that he had been troubled for some time with "choking spells" when eating, and suspected some organic disease of the œsophagus. Time will reveal whether there is or not. There appeared to have been in this case an exaggeration of the same condition that exists in waterbrash, as explained by Chambers in The Indigestions, viz.: spasm of the œsophagus at or near the cardiac orifice of the stomach.

Dr. Breed reported a case of *labor—twins; forceps; puerperal convulsions.* The second stage of labor lasted six hours, convulsions set in and both children were delivered by the forceps. The convulsions were repeated four times after delivery, in spite of ether, but injection of acetate morphia stopped them at once. He considers the subcutaneous injection of morphine as *the* treatment for this affection, and has always found it effectual. Some two weeks afterward, the patient had numerous boils in various parts of the body, but none in the seat of the syringe punctures. Also had irritable bladder and cloudy urine, remedied by buchu and iron.

Dr. Ahearne reported that he had used *sulphur and cotton packing* in yet another case of acute rheumatism without benefit.

Dr. Pinkham said he was using it in a case and had seen no effect from it as yet.

Three cases of Chronic Suppuration of the Middle Ear, resulting in inflammation of the Mastoid Cells and Periosteum, with formation of Abscess. Relief, from free incision. Recovery. Dr. Pinkham reported the cases.

Case I.—Miss W., aged 14. Was called to see her in February, 1869. She had recently recovered from measles, but ever since this disease, had suffered from a discharge from the left ear, with deep-seated pain in the side of the head. The tissues over the mastoid process were swollen and tender. Her general condition was bad; she was anæmic, weak, and so irritable as to be almost insane. I advised a free incision down to the bone behind the ear, and the administration of a bitter ferruginous tonic. The patient made such a vigorous resistance to the former measure that, lacking the coöperation of a too indulgent mother, I was unable to carry it out. Another physician was then sent for, who gave the same advice and met with the same failure. On being again summoned, after the lapse of a week, to take charge of the case, I found a large fluctuating tumor behind the ear, with indications in the general condition of the patient of approaching cerebral mischief. Without delay, I procured sufficient help to control the patient's struggles and cut down upon the bone. There was free escape of sanious pus, which continued for some days. Under the use of tonics, with local astringent applications to the auditory canal, the patient recovered, with the loss of a considerable portion of the mastoid process. I have not learned how much impairment of hearing persists, but think it must be marked.

Case II.—J. C., æt. 3 years. Called March 31, 1871. Condition of patient similar to that of the preceding. There had been measles, and, as a sequel, a purulent discharge from right ear, constant aggravating pain, irritability, a gradual failure of the powers of life. Above the ear was a space as large as an old-fashioned cent, tumid and tender; no fluctuation. A deep incision was made and some pus escaped. Poultices were then applied, and a ferrated elixir administered. The external ear was somewhat excoriated, and to this ung. zinci oxidi benzoat. was applied. The case proved obstinate, but ultimately recovery took place. Injection of dilute glycerintannin was employed toward the last.

Case III.—L. D. R., a shoemaker, æt. about 33, came to my office June 3, 1871, complaining of pain in side of head, and discharge from right ear, which, he said, had troubled him for two months. The power of hearing was nearly absent on that side. When young, he had received an injury to that side of the head, and never had been able to hear as well with the right ear as with the left. The scalp was tender, especially over the middle of the right parietal bone. He had been under homœopathic non-treatment for two months.

I made an application of cantharidal collodion over the mastoid process and above the ear, and directed the ear to be syringed frequently with warm water. On the next day he sent for me. His pain was greater, and I gave opium to control it. Subsequently, I substituted a mixture of potass. bromid. and morph. sulph. with better effect. The pain was deep-seated, constant, severe. After the lapse of a few days, the mastoid began to show signs of periostitis, tenderness and tumefaction. It had been thoroughly reddened by the vesicant application. No fluctuation; pain worse and unremitting. Pulse slow, 60, and faltering. I then determined to cut down upon the mastoid, and, if necessary, to drill into it to evacuate the abscess which I was satisfied existed. The friends wishing counsel, Dr. Edward Newhall was summoned, and co-

incided with me in regard to the operation. A few hours subsequently I gave ether and cut down behind the superior part of the ear, reaching the bone, finding it necrosed, and releasing a small quantity of pus confined beneath the periosteum. Entire relief to the pain followed, and recovery after two weeks. There is now a slight depression over the mastoid, and some tenderness on pressure, but the discharge from the ear has ceased and the patient works at his trade as usual.

Dr. Cahill reported a case of mastoid inflammation following disease of middle ear. He used leeching, blistering and ice behind the ear, with recovery.

Vaccination.—Dr. Newhall introduced the subject of vaccination, and spoke of the vesicles produced by some virus he obtained from Codman and Shurtleff, their course exactly corresponding with the description given of animal vaccination, from which he conjectured that the virus was not many removes from the heifer, although he did not procure it for such. Vaccination from these cases gave a similar result.

Dr. Breed saw two epidemics of *spurious vaccination* in the army, both in hospitals where the soldiers had been vaccinating each other, and had probably introduced pus instead of lymph. Several died.

Dr. B. also reported two cases, both hospital stewards. No. 1 had been vaccinated many times, but it had never taken. He had been constantly exposed to smallpox for three years, and considered himself proof against it. At last he had the disease in its confluent form and died.

No. 2 was an exactly parallel case; had been vaccinated thirty times without taking; had also been constantly exposed; died from the first shock of the disease, while it was still papular.

Dr. Pinkham reported that he vaccinated, by way of experiment, a man who had had varioloid and who was engaged in taking care of smallpox patients, and a typical vesicle resulted.

JULY 5.—Dr. Nye reported two cases of *cerebral congestion in advanced pregnancy*, 8½ months. No. 1 was totally unconscious, but by use of leeches and venesection soon recovered. The effect of depletion was marked and immediate.

No. 2 was not unconscious, but nearly so. Was leeched and purged, with the same happy effect. Pregnancy was not disturbed in either case.

Traumatic Delirium.—Dr. Galloupe reported the case. A man cut one of the flexor tendons of his hand, with glass, making but a small wound. Four days afterward he presented all the symptoms of delirium tremens, although he never takes any spirits, is in fact a teetotaler. It required four men to control him. Pulse was 140 and feeble. The wound looked well all through his illness. Chloral hydrat., in ʒi. doses every two hours, had no calmative effect, neither had morphine, indeed the former seemed to increase his disturbance. Treatment consisted of as much beef-tea, milk and whiskey as he could be induced to take. At the end of a week he began to mend, and recovered.

Dr. G. also reported three cases of *wound of radial artery*, all cured by slight pressure from compresses. He considers the rule in regard to tying as too absolute.

Dr. Perley spoke of a case we often see, where a small cut has been neglected, and the patient comes a week afterward with a swollen hand, and says he has "taken cold in it." He applies a small blister over seat of injury and finds it always effectual.

Housemaid's knee treated by Seton.—Dr. Galloupe said he had treated a dozen cases by seton, and finds it a radical cure. Allow the seton to remain until pus appears, and then remove it at once. Recovery will soon follow.

Rupture of Heart. Autopsy.—Dr. Emerson reported the case of Mr. B., æt 68. Called on Tuesday, June 20th, at 5.45, P.M., and found him complaining of severe pain and a sense of constriction over region of heart, cold extremities, countenance pale and anxious, pulse 100, sounds of heart nearly normal, no intermission. Diagnosticated *angina pectoris*, and gave subtaneous injection of this solution:—

℞. Atropiæ sulph., grs. ss.;
Morphia sulph., grs. v.;
Aq. destil., ʒijss. M.

Five minims in arm, hot pediluvia, flannel wrung out of hot water over seat of pain. After half an hour, pain continuing, gave injection of four minims near seat of pain, with great relief.

Saw patient again at 9.30, P.M., in bed, head and shoulders elevated, pulse the same, countenance still anxious, extremities warm. Expressed himself as much relieved, but had still remaining a sense of soreness and some constriction.

Saw him again the 21st, at 8, A.M. Had slept 2 or 3 hours during the night. Sense of tightness remained. On account of Dr. E.'s unfavorable prognosis, the former family physician was sent for, and Dr. E. was dismissed. Called in haste at 10.30, P.M., same day, and found patient dead, having

fallen back a few moments before and died almost instantly.

His attending physician had diagnosticated his case *dyspepsia*, and advised a vacation of a few weeks, assuring him of no trouble about the heart.

Autopsy, 20 hours after death. Chest and abdomen only were examined. Upon cutting into pericardium, large clots were found filling its cavity. There was at least half a pound of clot. Heart about the usual size, collapsed, with two rents in front wall of left ventricle. Substance of heart very friable, evident fatty degeneration, but no deposit of fat. At site of rupture the inner half of thickness of wall was stained with blood, rendering it probable that rupture partly through occurred at the first onset of pain, and was completed at time of death.

Liver and lungs were in a very healthy condition, as well as the intestines. Stomach in an irritated condition, of a chronic rather than acute character.

Bibliographical Notices.

The Antiseptic System; A Treatise on Carbolic Acid and its Compounds, with Esquiries into the Germ Theories of Fermentation, Putrefaction and Infection; the Theory and Practice of Disinfection; and the Practical Application of Antiseptics, especially in Medicine and Surgery. By A. E. Sansom, M.D., M.R.C.P., Physician to the Royal Hospital for Diseases of the Chest, &c. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 351, with nine page-plates.

Our first impression on opening this volume is that it is a *beautiful* book; pleasing especially in its typography, its paper and well-executed plates, and in the outside dress of the binder. On looking deeper, however, we find ourselves in possession of a really valuable treatise on the nature of fermentation and putrefaction; on the germ theory and zymotic diseases; carbolic acid; the antiseptic system in surgery and other allied subjects.

The first three chapters are taken up with the history and general characteristics of carbolic acid, and in the fourth chapter is detailed the result of experiments made to ascertain the influence of carbolic acid on the vitality of low organisms. The author then enters quite fully into the discussion of the theories of putrefaction, fermentation and malaria, of the germ theory, and the special relations of these subjects to the practical matter of disease. The antiseptic system in surgery is ably treated and its full history given.

From his own statement, as we copy it, it will be seen that Dr. Sansom is an advocate for the germ theory. "From a review of all the facts and observations I have been led to enunciate the theory that the poisons of spreading diseases are extremely minute living organisms, having the characteristic endowments of vegetable growths, analogous to the minute particles of vegetable protoplasm whose function it is to disintegrate and convert complex organic products, owing their specific properties in the special diseases, not to any botanical peculiarities, but to the characters implanted in them by the soil in which they first sprung from innocuous parents, and from which they are transmitted—this soil (except in the case of their earliest origin) being the fluids of the human body."

On Bone-setting (so called) and its relation to the Treatment of Joints crippled by Injury, Rheumatism, Inflammation, &c. By Wharton G. Hood, M.D., M.R.C.S. London and New York: MacMillan. 1871. Pp. 156.

This little book is an expanded reprint of articles which were first presented to the profession in the London *Lancet*. In this Dr. Hood takes a "new departure" in the treatment of the joints, that is the adoption of some of the methods employed so successfully by persons calling themselves bone-setters. In brief, by a peculiar sequence of circumstances, Dr. Hood was brought into connection with a well-known charlatan in London, and in his company found that he had obtained "knowledge of a kind which is not conveyed in ordinary surgical teaching, and that, when guided by anatomy, is of the highest practical value, as well in preventive as in curative treatment." Actuated by a laudable desire, he wishes to bring this information before the regular profession; to divest this system of treatment of the crudities incident to the ignorant quack, and to add to it the knowledge possessed by the anatomist and systematic surgeon.

In speaking of bone-setters, we understand a class of persons entirely ignorant of the principles of anatomy and surgery, and as innocent as possible regarding the actual condition of diseased or injured

joints; with them the bone is always dislocated, and their manipulations restore the limb to its normal condition, such manipulations consisting in overcoming by sudden flexion or extension any impediments to the free motion of joints which may be left behind after the subsidence of the early symptoms of disease or injury. That successful results have been obtained by these irregular persons, where legitimate surgery has failed, is sufficient reason for investigating the subject from the point of view of the bone-setter.

Dr. Hood considers that the cases usually experimented on by the bone-setters are those in which the immediate effects of disease or injury have passed away, which are, in fact, stiff in consequence of the disease and rigidly enforced rest; sprains which have been treated in the same manner; rheumatic and gouty joints; displaced cartilages and tendons, and the like. The cases in which they attain their successes are those in which some restraint of movement, due either to an injury or to the rest consequent upon it, or to both together, admits of being overcome by manipulation.

In the succeeding two chapters, Dr. Hood proceeds to describe in detail the actual methods of manipulation employed for the various joints of the body. We regret he has not given these descriptions quite the fulness and clearness which their importance seems to demand. The last chapter is devoted to the analogous methods employed for treating affections of the spine.

The book of Dr. Hood is well and carefully written; it presents views which are decidedly new, but which many would consider as bearing the stamp of heterodoxy. On the other hand, the volume induces thought, and will furnish food for the reflective practitioner, and new methods of operating for the practical surgeon.

Selected Papers.

CHOLERA, AND ITS RELATION TO PREGNANCY AND CHILD-BIRTH.

By Carl Proegler, M.D., Aurora, Ill.

As we may expect the approach of cholera again, it will not be without interest to a good many physicians, who have not had occasion, perhaps, to study that fatal disease, for me to endeavor to give some of my experience. It was during an epidemic in the southern part of Germany (Munich), that I had occasion to make the following observations:—

Pregnant women may get cholera in any stage of pregnancy, as the following statement will show. These patients were admitted up to a certain day. (In speaking of month, I mean lunar month.)

Of 36 pregnant women admitted, 5 were in their 10th month; 4 in their 9th; 3 in their 8th; 4 in their 7th; 2 in their 6th; 3 in their 5th; 8 in their 4th; 3 in their 3d, and 4 in their 2d.

There is no month with a certain immunity, and no certain predisposition; and the question whether cholera in pregnancy is more fatal than otherwise, will be rather difficult to decide.

Certainly any disease complicated with pregnancy is itself more grave, and certainly we may think that a non-pregnant woman without cholera will sooner get well than a pregnant woman with it. It is certainly very hard to decide at the first glance what grade of infection a cholera patient has; and I remember a good many patients brought to the hospital with nothing else than slight diarrhœa, who would with the utmost care die in collapse. As in other cases, so with patients, pregnant and with cholera, the infection is the only thing decisive for the duration and cure. We lost 21 out of 36—mostly extreme cases.

Cholera in pregnancy is almost similar to that without it. Only the pains experienced by those affected with asphyxia (collapse) along the region of the kidneys seem to be, with pregnant women, more severe. It is rather difficult to decide about the causes of these pains, whether they are seated in the kidney itself, or whether they are only sympathetic pain arising from the rectum. It may be possible that with pregnant women, pains occur in the state of asphyxia by painful contraction of the uterus; pains across the kidney may simultaneously arise.

Three times I have seen death ensuing with protracted asphyxia; seven pregnant women died with asphyxia of a shorter duration, and eight in the cholera typhoid (collapse). There is nothing abnormal in these deaths compared with cases of non-complicated cholera. Cramps which can be noticed with other non-complicated cases occurred rather frequently with pregnant women, but were probably due to uræmia.

We have seen that pregnancy does not modify the causation of cholera; let us now see how much pregnancy and child-birth will be influenced by cholera.

My diary shows that cholera not very seldom interrupts pregnancy. Of the twenty-one deaths by cholera, we had eight which died before death of the fœtus.

In the eight cases nature accomplished premature delivery. Of the remaining fifteen, five aborted. Delivery especially comes on more easy in the latter months than earlier. Of all the women who were delivered, there were only two in the third month of pregnancy; all the rest were in the seventh, eighth, ninth and tenth lunar months.

Of the other women not delivered and who died, only four had passed the sixth month, and they became in so short a time asphyxiated, died so soon after cholera set in, that nature, if I may say so, had not time to commence the act of delivery. Of all those who did not abort and lived through, none of them had passed the fifth month.

In accordance with Bouchat and Deasche (see the latter, Epidemic Cholera, page 295), it was impossible to make exact observations, because we would get the cases where no fœtal life could be traced. I could not discover, like Deasche, first more frequent pains and afterwards gradually wearing away; it was apparent that pains were retarded and pains themselves not strong enough.

Pains commence in pauses of thirty minutes to one hour, lasting only a few seconds, but are of little use, because the woman will hardly, as the common saying is, "bear down;" delivery is, in consequence, delayed more so than generally with multiparas, where there is no mechanical impediment. There are few exceptions, and I have seen very good pains in two cases. After delivery the uterus contracts well. Only in one case have I seen slight hæmorrhage on account of atony of the uterus, which was easily controlled by cold applications and sec. cornut in 10 grain doses.

In women who have been delivered by sectio Cæsarea, I noticed that the contractility of the uterus after death was not in accordance with the spinal muscles (Wirbelmuskeln).

I noticed on those patients post-mortal contraction of the muscles, especially at the extremities, and also at the mm. pectorales, but the uterus, after delivery of child and placenta, was flabby-like. I had no means of using electricity, else I would have tried to compare the muscles of the uterus with the other muscles of the body. The involution of the uterus in the puerperium is a good one, if not complicated with typhoid. Three times I noticed diphtheritis vaginæ resulting in death; only one came to dissection, and in this it was found that diphtheritis was involving the uterus.

We used the same mode of treatment with pregnant women as with other patients. The patients were rubbed with ice, cold applications to the abdomen, and wine and soda water internally; but in slight cases, for preventing abortus, we did not use cold applications as freely.

There are certain indications where an active course on the part of the accoucheur should be pursued. Pregnancy itself, and especially complicated with cholera, is more dangerous than occurring alone, therefore I think the indications are to deliver as speedily as possible. As soon as the head presents and the forceps can be applied, the delivery ought to be made as quick as possible, even if the os is not quite dilated and the head not so high up. I think it safe to have resort to the forceps, especially when the pains are slow and rather weak, and perhaps the state of the mother encourages hope of recovery.

If the pelvis should be too small, craniotomy should be resorted to. I could not notice that the mortality was less with forceps, and I lost two cases where asphyxia passed off in the typhoid state, but I do think, that in such a fearful disease as cholera, every resort is admissible which promises benefit. The mortality in cholera asphyxia is about 100 per cent. if you let nature bring about delivery. And I do believe it the duty of the accoucheur, if he gets his patients soon enough and fœtal life is not extinct, to try to save both mother and child.

Premature delivery, sectio Cæsarea, forced delivery, turning, &c., would be the indication to save mother and child.

For premature delivery the cholera attack does not leave time—the fœtus dies sooner than you can deliver; to try the sectio Cæsarea with a pregnant woman with cholera asphyxia, would bring the life of the mother in jeopardy for the questionable life of the fœtus—the Cæsarean section itself being almost as fatal as cholera; forced delivery (forceps) is hardly any better, but should be tried, because in cholera there is everything to gain and nothing to lose; the same I can say with turning.

As noticed before, the prognosis for the fœtus in pregnant cholera women is very unsatisfactory. I have not seen a case where, after asphyxia set in, the fœtus would live. The prognosis is a little more favorable in cases where the mother has

gone through a hard attack of cholera without asphyxia.

The nearer the development of fœtal life the less are the chances of its recovery; in the seventh lunar month every fœtus may be considered lost, if delivery has to be accomplished by nature.

Pains invariably cease as soon as purging sets in; but, on the other hand, I found the fœtus yet alive in a beginning state of collapse. The changes of the dead fœtus in utero are the same—it macerates and decomposes. It is very hard to determine whether theliquor amnii will diminish during an attack of cholera. As far as I can remember, the quantity was the same in a case of Cæsarean section, even greater. The question as to what destroys the fœtus will be equally difficult to answer.

I dissected almost every fœtus which was not decomposed, or saw it dissected. But one post-mortem resembles the other. I shall give here the post-mortem, and each one may form his own opinion. I confess that I first took what I saw for cholera, but now I have changed my opinion, because our greatest pathologists have seen the same, and in children where there was no cholera.

Opening the abdomen you will find the ileum rose colored, especially the upper part, the lower part with a greenish hue; the same with the duodenum, which color was still greener. About three and a half inches of the ileum were filled with a colorless, whitish, dead epithelium. The lower part of the ileum with same pale green tenacious mass, getting darker towards the duodenum. In cutting the upper part of the ileum, a watery fluid escaped with some white flocks; the membrane on the upper part rose-colored, the vessels strongly injected; the membrane of the stomach rose-colored, with some streaky ecchymoses. The contents of the stomach contained opaque-colored fluid, intermixed with white stripes.

Strong subpericardial ecchymoses of the heart, especially in the neighborhood of the coronary nerve. Thymus greatly studded with ecchymoses.

Subpleural hæmorrhage on the lungs; lungs without air, and the lower parts strongly filled with blood.

In the bronchii nothing resembling vernix caseosa; liver extremely pale and bloodless; spleen, nothing remarkable; kidneys, a strong line of demarcation between the cortical and medullary substance; the first a little yellow, the latter filled with blood of a dark blue red color.

Brain very soft, filled with blood.

Bladder—a small quantity of pale yellow urine.

It cannot be denied that the result is very similar to what we see in cholera dead in the adult, and it explains the view Güterbock took in saying the fœtus dies with cholera.—*Chicago Medical Journal.*

EXTERNAL PRESSURE IN TEDIOUS AND POWERLESS LABOR.

By T. Curtis Smith, M.D., Middleport, Ohio.

In the *New York Medical Journal* for January, 1871, page 98, there is an article taken from the *Lancet* for October, 1870, treating upon this subject. It is a well written article, and claims to advocate a new practice in tedious and powerless labor. Its author, W. S. Playfair, M.D., of London, is, no doubt, a man of great professional ability. But is it really a new practice? Von Ritgen suggested it in 1856. Kristeller carried it into practice in 1867. Dr. Barnes, of London, also says: "This resource should not be lost sight of. In certain cases it may obviate the necessity of using the forceps, or it may stand in good stead when instruments are not at hand." Dr. Playfair publishes several cases in which it was effectual in expediting labor and avoiding the use of forceps. Particularly was it so in one case, where the uterine contractions were very feeble and ineffectual to expel the fœtus.

The question of external pressure was brought up during a recent discussion on the use of obstetrical forceps, held in the Meigs and Mason Academy of Medicine, in this vicinity. Dr. C. R. Reed remarked that since he had read Dr. Playfair's article, he had used pressure with benefit in some tedious cases of labor. Dr. D. C. Rathburn stated that he had always used it, and was taught to do so in the lectures he listened to while a student, and had practised external pressure for twenty-five years. As for myself, I do not remember the time since I commenced attending obstetric cases that I did not use it. I was aware of no authority that recommended it directly, but it seemed so reasonable to make external pressure, that I did so without thinking or questioning whether I had authority for so doing, and without dreaming of its being a new or unusual practice. I am thus led to conclude that it has been often practised by others with as little thought about it as I had. We do many things not

recommended by authorities, simply because it is common sense to do them.

I claim nothing for myself. Von Ritgen suggested this procedure before I was a student of medicine, and deserves credit for making it public. I am sure that by external pressure, I have avoided the necessity of using the forceps in a few cases, and greatly expedited labor in others. In October, 1867, I attended a case of very tedious and difficult labor. It was one in which it would have been eminently proper to apply the forceps. Labor continued quite active for sixty hours. Evidences of exhaustion made their appearance while the head rested very lightly against the perineum. There was such a strong prejudice against instrumental delivery, that I had to forego my better judgment in the case, situated as I then was, where council was out of reach. I begun external pressure, finally using all my strength. In two hours, by the aid of the increased power of the uterine contractions, the fœtus was expelled, severely asphyxiated, but was resuscitated.

One other case, out of a large number, I will relate, leaving these two as examples. A lady was taken with labor about 10, P.M., but did not send for me until 4, A.M., next day. I found the contractions frequent and very distressing, with very slight expulsive power. The head was very slightly engaged. This state of things continued, with very slow advancement, till 10, A.M., after which there was no further progress, the pains becoming less frequent and more feeble. At 12, M., her strength was evidently failing rapidly. I sent for my forceps, but determined to use much greater external pressure, some having already been used. I now put on all my strength. During the second pain there was perceptible advancement, and with the fifth pain the head was expelled, after which there was no further trouble, and a good recovery was attained.

This method, however, will not always succeed. In three cases where I used it faithfully it failed, and the forceps were resorted to, safely delivering the mothers and saving the children without injury.

External pressure has the following advantages:—1st. It is perfectly safe in proper cases, properly used. 2d. It will not frighten the patient and friends, as instruments often do. 3d. It will often bring a tedious or powerless labor to a happy termination, when instruments are not within timely reach, or counsel not to be had, as is often the case in country practice. 4th. Where the pains are feeble, it excites more powerful uterine contractions, and increases their frequency. 5th. In that state of the uterus denominated inertia, it will often stimulate the organ to sufficient contractions to effect natural delivery. 6th. It is more efficient and certain in producing uterine contractions than ergot, and a safer means. 7th. In cases where uterine contractions are very powerful for a long period, without effecting any advancement, external pressure will not only advance the head, but actually prevent rupture of the uterus, where liable to occur, the same as pressure against the extended perineum prevents rupture of that important structure.

The manner of the application is simple and easy. The hands are spread out over "the fundus and sides of the uterus," and even, steady pressure made during the time of each uterine contraction, in the direction of the axis of the superior strait. Much or little may be used, according to the effects produced by the pressure.

Some patients are too tender to allow very much pressure at first, but by continuing it lightly, they soon bear it without a murmur, especially if informed that it is shortening the term of their suffering, or that it is taking the place of instrumental delivery.

Like all other valuable remedies or means for relief, it can be used to produce much mischief, if too long continued, or too powerfully applied. The injuries liable to arise from the injudicious use of external pressure are:—1st. Metritis. 2d. Hæmorrhage, by separating the placenta from the walls of the uterus. 3d. Peritonitis. 4th. Rupture of the perineum. 5th. Death of the fœtus by causing too great compression of the brain. To produce any one of these would, in my opinion, require very violent and continued external pressure, yet it is easy to see how any of these accidents, or even several of them, might occur, from an abuse of this means, rather than a proper use of it. Judgment and discretion must, therefore, be used in its application.

I do not wish to be understood, in recommending this method, as condemning the forceps. On the contrary, I believe the obstetric forceps not only of inestimable value, but often a necessity, and that it is one of the safest instruments we possess in proper cases, when managed by skilful hands. Only an intolerable prejudice against them can lead to any other view. I only commend this as a means always available, and one that will often help us avoid instrumental delivery, where the consulting phy-

sician or friends possess an undue prejudice against the forceps, or where the instruments are not easily to be obtained. To that class of practitioners who possess a very silly and unwholesome prejudice against all obstetric instruments, especially the forceps, this may prove a boon, which they may possibly accept, to their own advantage and that of their patients.—*Kansas City Medical Journal.*

Medical and Surgical Journal.

Boston: Thursday, September 28, 1871.

THE PHYSIOLOGICAL ACTION OF NITRITE OF AMYL.

Our readers are already aware that the Warren Prize for 1871 was awarded to Dr. Horatio C. Wood, Jr., of Philadelphia, for a memoir of experimental researches on the above subject. The thesis is published in the July number of *The American Journal of the Medical Sciences*, and we have condensed from the elaborate investigations of Dr. Wood a brief abstract of the results at which he arrives. After a concise review of the researches of Richardson, Brunton and others in the same field, the author proceeds to analyze the series of forty-nine experiments which he made on animals. The conclusions of his study are as follows:—

Nitrite of amyl produces its characteristic constitutional effects by whatever channel it is introduced to the system, whether by inhalation or by injection. The most constant and prominent symptoms are rapid, deep respiration and progressive loss of muscular power. The *post-mortem* appearances, after fatal doses, are peculiar in only one respect—the arterial and venous blood is almost indistinguishable in color, the bluish tint being absent, and the blood generally assuming a brownish hue, somewhat like that of normal deoxygenated blood.

On the motor centres of the nervous system the nitrite of amyl produces marked impairment of activity, the conducting power of the nerves being greatly lessened, but not wholly destroyed; reflex excitability is also impaired, showing that the motor ganglia of the spinal cord are affected. The agent is therefore designated as a powerful depressant of the motor system. In the sensory system there is also impairment of power, less marked and less rapidly developed than in the motor. Sensation is not abolished until near death, and consciousness is retained until the whole system is profoundly influenced. Since this effect on the sensory ganglia is so late and so secondary, nitrite of amyl cannot be considered a true anæsthetic.

In its effects on the circulation, the nitrite reduces the blood pressure by causing primarily a paralysis of the capillaries, and, secondarily, by a direct depressant action on the muscular structure of the heart, independently of any influence on the central nervous system.

Locally, the nitrite of amyl does not act as an irritant or escharotic, but it does progressively lower the vital actions of the parts to which it is applied, and if the action is prolonged it results in the absolute death of the tissue.

The *modus operandi* of the agent in the system is believed to depend on its power to check the processes of oxidation, and so to arrest metamorphosis of tissue. The blood-change before alluded to, the extraordinary power of lowering the temperature of warm-blooded animals and the marked diminution in the relative amount of carbonic acid exhaled after the administration of the nitrite, all point to this conclusion, as dependent at once on a chemical and a vital action; while, inferentially, the lessening of functional activity throughout the system, the progressive and gradual character of its local action on the tissues, and the relative effects on more or less highly organized tissues, as on muscle and nerve, point toward the same deduction.

THE STUDENTS' NUMBER.

We repeat the notice—given in our last issue—that the next number of the Journal will be devoted especially to the medical students; and will contain, in addition to the introductory address before the medical class of Harvard University, an account of the monster, known as the Ohio babies,

other original and selected articles of value, and such items of information as may be made thoroughly and practically useful to the student.

We note with pleasure that our contemporary, *The* (Philadelphia) *Medical Times*, will follow our lead of the last and present years and issue a students' number on October 1st.

Muscular Anomalies on the Darwinian Theory of the Origin of Species.—At the meeting of the British Association for the Advancement of Science, held at Edinburgh, Prof. Macalister read a communication on "The Bearing of Muscular Anomalies on the Darwinian Theory of the Origin of Species." He said that three arguments from anatomy are usually brought forward in support of the evolution theory of the origin of man. The first of these is derived from embryology, the second from rudimentary structures, and the third from anomalies. The object of this paper is to endeavor to determine the precise value of the last of these arguments. This may be stated thus:—It is the experience of anatomists that structures are variable; that in scarcely two subjects are parts similar to each other, and often very great varieties are noticed. As these varieties simulate the normal arrangements in lower animals, it is inferred by some that they are evidences of a genetic affinity. The first point to determine is—Do the anomalies of parts in man resemble the normal structure of lower animals? The evidences in determination of this point were drawn by the author from the muscular system, and he classified muscular anomalies according to the relation to the lower animals. The first class consists of those separate muscles which are normal in lower animals, and only merely present in man; such are the muscles known as occiput, scapular, peroneous, quints, levator claviculæ, &c. The second class consists of those separate muscles which exist as anomalies in man, but do not exist as normal in lower animals, such as the sixteen abnormal laryngeal muscles described by different authors. The third class consists of such muscles as are distinctive of man, and which are sometimes anomalously absent in him, and still more rarely some of the peculiarly human muscles are present as anomalies in lower families. The fourth class consists of muscles common to man and other animals, but which normally are differently arranged in both. In man such muscles are often found arranged according to lower animal types, and this class contains by far the largest number of anomalies. How to account for these anomalies has long been a subject of dispute. There are two hypotheses which seem competent to account for them. One large series, like the second class, is accounted for on functional grounds, but this hypothesis is incompetent to explain the occurrence of all, as some anomalies are sources of weakness, and absolutely destroy function. That function is a factor, however, seems plain, from three considerations—(1), The muscles which have a great variety of function have a wide range of variation; (2), muscles which have no function, like those of a whale's paddle, are very valuable; (3), those muscles which have single definite functions vary very little. The second hypothesis is that of reversion—that such anomalies are produced by the tendency to revert to some earlier structural condition of some further stage of parental condition.

Mr. Bogg said the question was—What was the intention or aim of these anomalies? The answer of Prof. Macalister is, that they are either most complex or of primary forms. He thought there was another answer, and though it might seem extraordinary, he hoped they would allow him to regard man as a microcosm—as a little universe, having in his mind as well as his body the characteristics of the law of creation, and having these anomalies retained in his structure to indicate that he is evolved not from the lower animals, but that the Creator evolved the lower animals from Himself, and that as he could not create any animal which had no connection with the Person who produced it, they could not exist without having their own structure in the present state as types of those which exist in God, and consequently of man, who is the image of God.

Prof. Macalister said he preferred to adhere to a negative rather than the positive side of the argument—that is, he tried to reduce the evidence as much as possible, that without a hypothesis of evolution they could not explain these anomalies. He therefore thought they were shut up at present to the evolution hypothesis; and the proper way to pursue this investigation further would be to tabulate all the muscular anomalies in man, and do the same with regard to the lower animals, and compare the two so as to consider whether the grouping of anomalies in man was the same as in the lower animals. He had

drawn out such a table regarding man, and would leave it to some one better qualified than he was to make out a similar table regarding the lower animals.—*Dublin Med. Press and Circular.*

Inflammation of the Eye from a Diseased Cuspid. By Thomas Brown, L.D.S., Thorold, Canada.—A lady suffering from severe inflammation of the eye for eight months, having in the meantime tried several eye curatives, and medical advice, all to no purpose, called at my office, and asked me if a tooth could produce inflammation of the eye. Being answered in the affirmative, she requested me to examine her teeth. They were in good condition, with the exception of the left superior cuspid, which she said had been filled in the States; the filling was still in, but had been bored through at some time, for the outlet of pus. Into this opening there had been plugged cotton, which was pushed down into the canal. In answer to a question if she could remember how long it was since she had the tooth drilled, and what it was done for, she replied that there was a slight pain and swelling, and that she went to a dentist, some two years previous to her having trouble with her eye; that he drilled the tooth, filled it as above stated with cotton, told her to call in two weeks and have it permanently filled, which, she says, she did, and paid for it. Felt no symptoms of pain afterwards. (The fact was the cotton was left in or else replaced with the same material.) On tapping the tooth, there was slight pain at the root; when the cotton was removed there was a foul smell. I cleansed out the cavity, found decay had extended down the canal; the sides of the tooth were no thicker than a goose quill; the decay extended in like manner down the root; there was no appearance of inflammation of the gum near the root. The tears ran down the cheek as in fistula lachrymalis; could not bear the least ray of light; the eye was very painful all the time. I told her that I thought it was the tooth that was causing the inflammation of the eye. There was no granular growth on the inside of the eyelids. Having asked other questions, there was not the least doubt in my mind that it was the tooth that was the real cause of all the trouble. After I had given my opinion, and advised extraction of the tooth, she said she was afraid, it being the eye tooth, and that she had made up her mind now to go to a doctor in the States, who had a great reputation for his skill and success in treating diseases of the eye. She left my office, and, in going down the street, met Dr. Palmer, and asked his advice; he said she had better go with him down to the office. She did so. After a careful examination, he said he would do nothing for the eye until she got the superior cuspid extracted. Advised her to go to the dentist; next day she came back to me and had the tooth extracted. There was a quantity of thick yellow matter at the bottom of the socket. I cleansed out the matter, and injected diluted carbolic acid. She then went down to the doctor; he gave her a bottle of eye-water. This was in December, 1869. She called in March, 1870, to say that the eye was as well as ever; she did nothing more than apply the eye-water a few times to her eye after the extraction of the tooth. —*Canada Journal of Dental Science.*

Syphiloma (Gummata Syphilitica) of the Tongue. By Dr. Neumann, of Vienna (*Allgemeine Wiener Medizinische Zeitung*).—The dorsum of the tongue, as is well known, is frequently at its centre or lateral portions, more rarely at the root of the organ, the seat of infiltrations—the so-called syphilitic gummatous tumors, the size, superficial aspect, and progress of which undergo many variations. These tumors, which are of firm consistency, are seated partly under the mucous membrane, partly in the muscular tissue of the tongue, and are developed from small infiltrations of the size of a pea to prominent nodules as large as a bean or hazelnut, or even larger. The growth sometimes extends laterally, so as to form level patches; in cases of this kind a greater part of the tongue, especially its edges, feels thickened, infiltrated, and hard as cartilage. In this affection the mucous membrane covering the growth is either smooth or covered by numerous papillary growths, which occupy a large portion of the tongue in the form of broad-based warty formations, or the surface of the dorsum may be traversed by shallow furrows, or by deep fissures crossing in various directions—rhagades; or again, if the mucous membrane be irritated by the sharp edge of a decayed tooth, it may present superficial patches of gangrenous tissue.

The whole volume of the tongue is increased to a considerable extent. Finally, the disease may proceed by softening of the nodules to a more or less extensive and deep loss of substance, in consequence of which the tongue on the affected side pre-

sents large cavities, which, when the loss of substance has affected the root of the tongue, exert a considerable influence upon the consonance of the speech. The movements of the tongue, also, as in speaking, masticating, and swallowing, cause much pain. These new formations, consisting partly of granulation tissue and partly of connective tissue—which tissue, in its further development, becomes either soft and jelly-like, or is converted into adipose tissue, and forms dry yellow lumps—were described by Robin and E. Wagner as syphiloma. They present granular cell contents, and their cells and nuclei lie in peculiar hollow spaces—alveolar formation.

In cases of this kind one has to distinguish the infiltration of syphilis from that of cancer. Hardness, rapid growth, painfulness, and an uneven surface, are, indeed, symptoms which speak more for cancer than for syphilis; the existence, however, of a sharply-defined loss of substance, and the presence on the dorsum of the tongue of warty or condylomatous growths, are indicative of gummatous deposit. In cancerous growths of the size of syphilitic gummata, the submaxillary glands would certainly be enlarged. In doubtful cases the diagnosis might be determined by means of the microscope. In some cases the distinction may be indicated by the course taken by the disease. In syphilitic gummata the breaking down of the tumor commences deeply, and proceeds to the surface; in cancer the opposite takes place, loss of substance commences superficially, and gradually extends to the centre of the growth.—*Dental Cosmos.*

Hypodermic Use of Morphia in Operative Midwifery.—Dr. Melvin Rhorer, Assistant Demonstrator of Anatomy in the University of Louisville, and now in Vienna pursuing his studies, sends the following: "I have in a number of instances seen turning effected long after the liquor amnii had passed by fully narcotizing the patient. I have never, however, seen the uterus brought to that desirable state of rest whereby the operation may be easily performed when the usual means of producing narcotism have been employed; that is, by chloroform or the internal exhibition of opium. I believe the sovereign remedy in such cases is the hypodermic injection of morphia. I have witnessed its good effects in a large number of cases, one of which, witnessed at the clinique of Prof. Braun, I here report. The patient was a strong, healthy woman, thirty years of age, the mother of three children, at whose birth she had had no trouble. Her condition on examination was as follows: the abdomen tense and somewhat sensitive to touch; the liquor amnii had passed seven hours previously. Her pains were recurring at short intervals; great sensibility on vaginal examination. An arm, purple and much swollen, was found in the vagina, with the corresponding shoulder deeply wedged in the pelvic cavity; the surrounding parts of a higher temperature; the patient much exhausted from pain. One sixth of a grain of morphia was injected into the linea alba, midway between the umbilicus and symphysis pubis. In five minutes the hitherto spasmodic action of the uterus was much more feeble, the intervals became longer, &c., and in twenty minutes complete rest was secured. The uterus was soft, and the shoulder movable in the pelvic cavity. Turning was easily and quickly effected, and the child was extracted without causing contractions. By continued gentle friction on the abdomen, the uterus was again excited to activity, and in half an hour the placenta came away. Very soon afterward the womb had contracted under the symphisis, and the patient continued to do well."—*American Practitioner.*

The Photographic Post.—At the annual meeting of the British Association at Edinburgh, the Abbé Moigno read a short paper on the photographic post, as used by the French government for sending communications, photographed to a small size, between the provinces and Paris, when the latter was besieged by the Germans. The paper stated that M. Dagron and M. Fernique were sent by the French government to Tours by a balloon to establish in the provinces a service of photo-microscopical despatches, to be sent to Paris by travelling pigeons. The party arrived at Tours on the 21st November, when M. Dagron showed the telegraph-master-general of the delegation there a specimen of his photo-microscopy made upon a thin film. The photographs on the film were much preferable to those on paper, both for lightness of weight and easiness of printing. Abbé Moigno showed one of the films as prepared for sending to Paris. It was about the size of one of our railway tickets, and was capable of reproducing twelve or sixteen folio pages of printed matter, or three thousand despatches. The lightness of these printed films permitted eighteen being covered by one pigeon, which gave a total of more than 50,000 despatches.—*The Doctor.*

Medical Miscellany.

DIVIDED MEDICINES.—We have received from Mr. Frederic Kraus, of Cincinnati, O., a clever little article in the medical line, specimens of the so-called "divided medicines" prepared by him. Each little square of gelatine is medicated in such a manner as to contain a definite amount of the articles most commonly employed by the physician. This method of using medicines is especially adapted for physicians practising in the country, who are obliged to carry their own drugs. The squares are warranted to contain the articles designated, and, if so, a perfect drug shop may be carried in one's vest pocket.

FORMATION OF CALCULI UNDER THE PREPUCE.—Dr. H. W. Nelson relates (*Pacific Medical and Surgical Journal*) the case of a Chinaman, 35 years of age, who, when a boy, had met with an accident by which the prepuce had been seriously lacerated. The wounds had healed, leaving an opening through the prepuce which admitted the passage of the urine only by a very small stream. The act of urination, from that time, had always been protracted and painful. The prepuce was very much increased in size, and during micturition became much distended. Dr. Nelson performed circumcision, and, on removing the prepuce, found thirty-eight calculi, varying in size from a No. 6 shot to a buckshot, which had undoubtedly formed in this unusual position on account of the frequent retention of the urine.

APPLICATION OF A COLPEURYNTER FOR THE ARREST OF EPISTAXIS.—Dr. Closset (*Berlin Klin. Wochenschrift*, June 19, 1871, p. 294), under the name of Rhineurynter, recommends the use of an instrument, designed like a hard-rubber Eustachian catheter, which carries in its curved extremity a delicate sac. When the instrument is passed along the floor of the nasal chamber to the posterior nares, and the sac is inflated, it is found to successfully close the posterior nares. It is esteemed above Bellocq's canula, which is deemed inconvenient and more complicated.—*Phil. Medical Times.*

COMPARATIVE FREQUENCY IN AMERICA OF VENEREAL DISEASE.—The English Minister at Washington, in behalf of the Lords of Her Majesty's Privy Council, has brought this matter, by circular, to the notice of the Executives of the several States—the request for information being made with reference to an extension of the "Contagious Diseases Act of 1866" to the civil population of Great Britain.—*Ibid.*

THE EXTERNAL USE OF DIGITALIS.—Dr. E. F. Fussel claims that the external use of digitalis is often followed by the best effects. Locally it is deobstruent and antiphlogistic, and, becoming absorbed, exerts its peculiar action upon the renal and circulatory systems. He has applied it in the form of a tincture sprinkled over spongiopiline wrung out of hot water.—*British Medical Journal.*

TREATMENT OF HYDROCELE BY INJECTION OF CHLOROFORM AND COMPOUND TINCTURE OF IODINE.—Dr. Moses Barrett (*Trans. Wis. State Med. Soc.*) reports a case of hydrocele of the left testicle, in which about 4 oz. of fluid were drawn off, and the following mixture injected into the sac:—℞. Chloroform and comp. tinct. iod., of each 1 drachm; aqua, ad 1 oz. This was allowed to remain between three and four minutes. Sharp pain in the scrotum and back was experienced, with nausea and faintness. There was, for a few days, some swelling and tenderness of the scrotum, which was relieved with a lotion of acet. plumb. The recovery was perfect.—*N. Y. Med. Record.*

THE health of Paris has been much improved by cleansing the sewers with solutions of phenic acid and chloride of lime.

TO CORRESPONDENTS.—Communications accepted:—Case of Naso-pharyngeal Polypus and of Tumor of Parotid, with remarks on their Minute Anatomy.—Fragilitas Ossium.

BOOK RECEIVED.—Practical Therapeutics; considered with reference to Articles of the Materia Medica. By Edward John Waring, M.D., F.L.S., &c. Second American from the third London Edition. Philadelphia: Lindsay & Blakiston. 1871. Pp. 765.

MARRIED,—In this city, 21st inst., Dr. Charles P. Thayer, of the Medical Staff of the Northern Pacific Railroad, to Miss M. Alice Bemis.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending Sept. 23, 1871.

Cities and Towns.	*No. of Deaths.*
Boston	104
Charlestown	7
Worcester	20
Lowell	35
Milford	4
Chelsea	6
Cambridge	23
Salem	8
Lawrence	9
Springfield	6
Lynn	9
Gloucester	3
Fitchburg	7
Taunton	8
Somerville	13
Fall River	22
Haverhill	4
	288

Prevalent Diseases.	
Consumption	49
Cholera Infantum	39
Typhoid fever	13
Dysentery & Diarrhœa	13
Croup and Diphtheria	9
Scarlet fever	5

Lowell reports fifteen deaths from smallpox.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Sept. 23d, 104. Males, 50; females, 54. Accident, 1—abscess, 1—apoplexy, 2—disease of the bowels, 1—bronchitis, 2—congestion of the brain, 1—disease of the brain, 4—cancer of the stomach, 1—cholera infantum, 15—cholera morbus, 1—consumption, 18—convulsions, 2—croup, 2—cyanosis, 1—debility, 3—diarrhœa, 3—dropsy, 1—dropsy of brain, 1—dysentery, 2—typhoid fever, 5—disease of the heart, 3—hæmorrhage, 1—disease of the kidneys, 3—inflammation of the lungs, 4—marasmus, 9—old age, 4—paralysis, 1—peritonitis, 2—premature birth, 3—disease of the spine, 1—whooping cough, 1—unknown, 5.

Under 5 years of age, 48—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 19—above 60 years, 13. Born in the United States, 72—Ireland, 22—other places, 10.